1. PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

157

State File No. 153

Registered No.

County: Graham State: ARIZONA

Township: of Village:

City: Glenbar No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: James Tolley Ray (If child is not yet named, make supplemental report, as directed)

3. Sex: Male

4. If plural births: Twin, triplets, or other: Single Premature:

5. Number, in order of birth: 1 Full term: X

6. Is mother married? Yes

7. Date of birth: May 6, 1936 (Month, day, year)

FATHER

9. Full name: Clingham B. Ray

10. Residence (usual place of abode) (If non-resident, give place and State): Glenbar, Ariz

11. Color or race: white 12. Age at last birthday: 36 (Years)

13. Birthplace (city or place): Ben Lomond (State or Country): Ark.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:

16. Date (month and year) last engaged in this work: , 19

17. Total time (years) spent in this work:

MOTHER

18. Full maiden name: Norma Cullens

19. Residence (usual place of abode) (If non-resident, give place and State): Glenbar, Ariz

20. Color or race: white 21. Age at last birthday: 24 (Years)

22. Birthplace (city or place): Carlsbad (State or Country): New Mexico

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housf

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:

25. Date (month and year) last engaged in this work: , 19

26. Total time (years) spent in this work:

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: 2 (b) Born alive but now dead: (c) Stillborn:

28. If stillborn, period of gestation: months or weeks

29. Cause of stillbirth: Before labor: During labor:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:25 p.m. on the date above stated

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) F. W. Butler, M. D.

or , Midwife

Address: Safford, Graham

Given name added from a supplemental report (Date of)

198-506-532 Registrar.

Filed June 9, 1936 Registrar.

By O. N. Lopez

20M 1-8-36 Form No. 2 MS—100 Rag